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** CONTINUING DATA *****

This application is a 371 of PCT/US01/06016 02/13/2001 *

(*)Data provided by applicant is not consistent with PTO records.

CHL
7/29/04

** FOREIGN APPLICATIONS *****

NONE CHL 7/29/04

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	6	24	7
Verified and Acknowledged Examiner's Signature: <u>Carol H. Lazo</u> Initials: <u>CHL</u>				

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TITLE

System and method for diagnosing pathologic heart conditions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing)
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